

SERFF Tracking Number:	AFDL-125780245	State:	Arkansas
Filing Company:	American Fidelity Assurance Company	State Tracking Number:	40025
Company Tracking Number:			
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	AMD-8309.RI Excess Loss Rider		
Project Name/Number:	/		

## Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMD-8309.RI Excess Loss Rider      SERFF Tr Num: AFDL-125780245      State: ArkansasLH

TOI: H21 Health - Other	SERFF Status: Closed	State Tr Num: 40025
Sub-TOI: H21.000 Health - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Sue Joslyn	Disposition Date: 08/27/2008
	Date Submitted: 08/21/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 08/27/2008	
State Status Changed: 08/27/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Form AMD-8309.R1 is new and is not intended to replace any previously approved form. This form provides an aggregate accommodation option and is being filed for use with excess loss policy form AFA-SLP-2008(AR), previously approved by your Department on 5-6-08.

## Company and Contact

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### Filing Contact Information

Sue Joslyn, Compliance Analyst III sue.joslyn@af-group.com  
 5109 Ten Point Trail (919) 554-0686 [Phone]  
 Wake Forest, NC 27587 (919) 554-2513[FAX]

### Filing Company Information

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code:	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	Yes
Fee Explanation:	\$25 per rider
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$25.00	08/21/2008	22061492

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/27/2008	08/27/2008

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<i>Project Name/Number:</i>	<i>/</i>		

## **Disposition**

Disposition Date: 08/27/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Aggregate Accommodation Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AMD-8309.R1	Policy/Cont Aggregate ract/Fratern Accommodation al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	AMD-8309.RI.pdf

**ENDORSEMENT TO  
EXCESS LOSS POLICY**

2000 N. Classen Blvd., Oklahoma City, Oklahoma

**Aggregate Accommodation Option**

YOU and WE agree that the Policy is changed as follows:

WE will provide YOU an Aggregate Accommodation if:

1. in any month, the total eligible claims paid by YOU to date exceed the sum of:
  - a. the greater of:
    - (1) the cumulative Annual Aggregate Attachment Point; or
    - (2) the cumulative pro rata share of the Minimum Annual Aggregate Attachment Point;and
  - b. any previous advances of the Aggregate Excess Loss benefit; and
  - c. ;and
2. YOU properly pay claims, as described in the Policy; and
3. YOU meet the claims reporting requirements, as described in the Policy; and
4. YOUR premiums for coverage under the Policy are up-to-date; and
5. within 20 days following the end of the month for which the Aggregate Accommodation is requested, YOU submit to US:
  - a. Notice of Claim and Proof of Loss; and
  - b. evidence of Paid claims.

This Aggregate Accommodation Option is not available to YOU:

1. during the first ; or
2. during the last Policy Month of the Policy Period; or
3. during the last Policy Month the Policy is in effect, if the Policy is terminated before the end of the Policy Period.

Each Aggregate Accommodation will:

1. equal the sum of the drafts or checks prepared for payment; and
2. not exceed of the Minimum Annual Aggregate Attachment Point, when combined with any previous Aggregate Accommodations.

If an Aggregate Accommodation is determined to be payable at the end of the Policy Period, it will be reduced by the total of Aggregate Accommodations made, if any, according to the terms of this Endorsement.

Any Aggregate Accommodation made under the provisions of this Endorsement are for the sole purpose of claim payments under YOUR Plan.

**Repayment of Aggregate Accommodation**

*WHEN THERE ARE OUTSTANDING AGGREGATE ACCOMMODATIONS DURING THE POLICY PERIOD:* If, during any month, the accumulated Annual Aggregate Attachment Point is greater than the accumulated claims plus outstanding Aggregate Accommodations, then YOU must repay US the amount by which the accumulated Annual Aggregate Attachment Point exceeds the accumulated claims plus outstanding Aggregate Accommodations. Such repayment by YOU must be made within 30 days of YOUR reaching this repayment condition.

*WHEN YOUR COVERAGE TERMINATES BEFORE THE END OF THE POLICY PERIOD:* In the event YOU or WE terminate the Policy prior to the end of the Policy Period, YOU will pay any outstanding Aggregate Accommodations to US within 30 days of the date YOUR coverage terminates.

**WHEN THERE ARE OUTSTANDING AGGREGATE ACCOMMODATIONS AT THE END OF THE POLICY**

**PERIOD:** If, at the end of the Policy Period, the Annual Aggregate Attachment Point is greater than the Paid Plan Benefits, reduced by the outstanding Aggregate Accommodations, then YOU will pay to US the lesser of:

1. the amount of the outstanding Aggregate Accommodations; or
2. the amount by which the Annual Aggregate Attachment Point exceeds the Paid Plan Benefits, reduced by the outstanding Aggregate Accommodations,

within 30 days of the end of the Policy Period. Any Aggregate Accommodations not repaid at the end of the Policy Period will be deducted from any Aggregate or Specific Excess Loss benefits payable under the terms of the Policy.

An Aggregate Accommodation provided under this Option is YOUR obligation to US. Such amount must be repaid in accordance with this Option.

An Aggregate Accommodation is not a loan or an advance on any payments to be made under the Policy. Any Aggregate Accommodation shall, at all times, be considered OUR funds, which are provided for YOUR use in accordance with this Option.

WE will have preference over all other claimants for the return of any Aggregate Accommodations made under the Policy. YOU will be liable for all costs and expenses (including reasonable attorney fees) incurred in the collection of any outstanding Aggregate Accommodations.

WE will not charge YOU interest on the amount of any Aggregate Accommodation; however, if YOU do not repay any outstanding Aggregate Accommodation within the time frames stated in this Endorsement, then WE:

1. will assess a late payment penalty equal to \_\_\_\_\_ of the outstanding Aggregate Accommodations; and
2. will deduct any outstanding Aggregate Accommodations from any reimbursements due YOU under the Specific or Aggregate Excess Loss benefits; and
3. shall have the right to terminate the benefits and services provided to YOU under this Option.

By YOUR authorized representative's signature below, YOU are verifying that YOU have read and understand the terms of this Endorsement, and YOUR obligations hereunder.

**THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN THOSE STATED ABOVE.**

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy to which it is attached

Signed for AMERICAN FIDELITY ASSURANCE COMPANY

  
Secretary

Endorsement Number:	Endorsement Effective Date:	
Policy Number:		
Policyholder Name:		
Signature of Policyholder's Authorized Representative:		
Authorized Representative's Title:		Date Signed:



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice Approved-Closed 08/27/2008  
**Comments:**  
Attached is the Readability Certification. Since this filing does not consist of a product filing, but rather a rider to be used with a previously approved policy filing, the other legislation cited above would not apply.  
**Attachment:**  
AR Readability Certification.pdf

**Review Status:**  
**Bypassed -Name:** Application Approved-Closed 08/27/2008  
**Bypass Reason:** N/A This filing consists of an optional rider to be used with a previously approved policy form. Therefore, any applicable applications would have been filed at the time the policy forms themselves were approved.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Health - Actuarial Justification Approved-Closed 08/27/2008  
**Bypass Reason:** N/A This is not an individual health product.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Outline of Coverage Approved-Closed 08/27/2008  
**Bypass Reason:** N/A This is not an individual health product.  
**Comments:**



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73106

**CERTIFICATE OF READABILITY  
ARKANSAS**

I hereby certify that form AMD-8309.R1 meets the minimum Flesch reading ease score as required by ACA 23-80-206 and achieves a score of 50+ when combined with the base policy form.

Signature

Ronald J. Byrne

Name

Vice President

Title

8-18-08

Date